**SIDMOUTH COLLEGE**

 **WORK EXPERIENCE SCHEME - Placements**

Please complete **both sides** of this sheet and return to Mrs N Young at Sidmouth College as soon as possible.

**COMPANY DETAILS**

Name of Company: ....................................................................................... ……………………………..

Address: …………………………………………………………………………………………………………………………………….

………………………………………………………………………………......................................................................

…………………………………………………………………………………………….........................................................

Email………………………………………………………………………………………….…..

Telephone Number: ..............................................Mobile Number...............................................

Person to be Contacted: Name: ...................................................................................................

Position: ................................................................................................................................ ………

Nature of Business: ............................................................................................ ………………………..

Number of staff employed: 25 and under 26-49 50-199 200+ (please circle)

**Dates** 29th June –3rd July 2020

Name of Student: …………………………………………………. Tutor Group: ..............House……………….

Hours student will attend: ...........................................................................................................

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On Arrival on the first day the student should ask for ?: .............................................................

What activities will the student undertake ?

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Are there any special arrangements the student should make e.g. lunch, clothing, etc. ?

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Continued overleaf

**Checklist for Sidmouth College of Employer's Risks Covered**

In connection with proposed placements of students from Sidmouth College to your business the school needs confirmation that the organisation has the necessary insurance covers and that insurers have confirmed their acceptance of this risk and that Employer’s and Public Liability insurances will be in place at the time of the placement.

Please confirm this by ticking the boxes below and recording the insurance policy’s number and Company who insures you

Insurance Company…………………………………………….

Insurance Policy Number……………………………………….

**1.Employer Liability**

**2. Public Liability**

**3. Health and Safety**

I understand my responsibilities according to the current Health and Safety regulations.

I confirm that my insurers are aware of the placement.

Signed: .......................................................................

Position: .................................................................... Date ........................................